Message

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Sent: 12/19/2017 1:48:00 PM

To: Ohanian, Edward [Ohanian.Edward@epa.gov]

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Subject: PFOA

Attachments: cotstatementpfoa200902.pdf

Ed

I know that you are familiar with the Committee on Toxicology of the UK. Alan Boobis, another Lehman awardee, was on this for quite some time. The COT (2009) had a statement on PFOA/S that challenges the current OW position (see item 20 of the attached text). What was OW's response to this? Might not a focus on Cmax, rather than AUC, bridge this very large difference (the COT analysis would result in a HA of 11 ppb). I would be happy to sit down with your folks to discuss this in more depth.

BTW, I was surprised that the OW 2009 position used a BMD for the Lau et al study, similar to EFSA (see attached text items 12 and 13), but OW's new position does not use a BMD, but rather a LOAEL. This of course results in an approximately 10-fold lower number. After reading the study carefully, I could see why OW did this, because reduced ossification of the cranium (calvaria---Table 2 of Lau) and enlarged soft spot in the head (fontanel---Table 2 of Lau) and preputial separation (Table 5 of Lau) were affected at the lowest concentration. Unfortunately, these effects were not at all dose related. I highly suspect that an erudite risk assessment review group would not have let this pass. Rather, they would have directed OW to conduct a BMD analysis. This saves the use of an uncertainly factor, and lowering a safe dose unnecessarily, which of course, was one of the principle reasons why EPA developed the BMD approach in 1983.

Cheers!

Michael...

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